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| <b>Issue Classification</b><br> | <b>Application/Control No.</b><br>10521617 | <b>Applicant(s)/Patent Under Reexamination</b><br>SKANTZE ET AL. |
|   | <b>Examiner</b><br>S. TRAN                 | <b>Art Unit</b><br>1615  |

| ORIGINAL           |                                   |          |  |  |  | INTERNATIONAL CLASSIFICATION |   |   |   |                     |             |  |  |  |  |  |  |  |
|--------------------|-----------------------------------|----------|--|--|--|------------------------------|---|---|---|---------------------|-------------|--|--|--|--|--|--|--|
| CLASS              |                                   | SUBCLASS |  |  |  | CLAIMED                      |   |   |   |                     | NON-CLAIMED |  |  |  |  |  |  |  |
| 424                |                                   | 489      |  |  |  | A                            | 6 | 1 | K | 9 / 14 (2006.01.01) |             |  |  |  |  |  |  |  |
| CROSS REFERENCE(S) |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
| CLASS              | SUBCLASS (ONE SUBCLASS PER BLOCK) |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
| 424                | 489                               |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |

| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant <input type="checkbox"/> CPA <input type="checkbox"/> T.D. <input type="checkbox"/> R.1.47 |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|---|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|
| Final   | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original |
| 1   | 1        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 2   | 3        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 3   | 4        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 4   | 5        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 5   | 6        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 6   | 7        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 7   | 8        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 8   | 9        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 9   | 10       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 10  | 12       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 11  | 14       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 12  | 16       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 13  | 17       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 14  | 18       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 15  | 19       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 16  | 20       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |

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|---|--|------------------------------|---------------------|
| NONE  |  | <b>Total Claims Allowed:</b> |                     |
|   |  | 16                           |                     |
| (Assistant Examiner)                        |  | (Date)                       |                     |
| /S. TRAN/<br>Primary Examiner.Art Unit 1615 |  | 07/01/10                     | O.G. Print Claim(s) |
| (Primary Examiner)                          |  | (Date)                       | 1                   |
|   |  |                              | O.G. Print Figure   |
|   |  |                              | 0                   |